

FORM
HW-2
(REV. 1996)

STATE OF HAWAII — DEPARTMENT OF TAXATION
**STATEMENT OF HAWAII INCOME TAX WITHHELD
AND WAGES PAID**

CALENDAR
YEAR

1996

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 1996	Hawaii Income Tax Withheld	Payments Not included in Total Wages \$
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number		EMPLOYER: See Instructions on reverse side.
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COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

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EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number		EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1996. See reverse side of this copy & Copy C for Instructions. FORM HW-2

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COPY C — For Employee's Records

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COPY D — For Employer

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

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